1445246

FORM D. Processing Section

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

SEP 1 1 2000

## FORM D

Washington, DC PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden
hours per response.....16.00

SEC USE ONLY							
Prefix	Serial						
DATE RECEIVED							
1	1'						

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)

Limited Liability Company Membership Interests

Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE

Type of Filing: New Filing Amendment

Limited Liability Company Membership Interests	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Z Rule 506 Section	4(6) ULOE
Type of Filing:	J JERRY BRIDI JEWY ARIRI RIKA CAIRI JEWY IRDUI JEW IR
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	TO DESIGN A CONTROL VALUE OF THE CONTROL VALUE OF T
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	08059875
Compson REIT Fund, LLC	·
Address of Executive Offices (Number and Street, City, State, Zip Cod	c) Telephone Number (Including Area Code)
Mizner Tower, 225 N.E. Mizner Boulevard, Suite 730, Boca Raton, Florida 33432	561-391-1737
Address of Principal Business Operations (Number and Street, City, State, Zip Co (if different from Executive Offices)	de) Telephone Number (Including Area Code)
Brief Description of Business	
Private Investment Fund	PROCESCED
Type of Business Organization	OF OFFI
	er (please specify): Liability Company  SEP 172008
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for	Estimated State: THOMSON REUTERS
. CN for Canada; FN for other foreign jurisdiction)	

## **GENERAL INSTRUCTIONS**

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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2. Enter the information re									
<ul> <li>Each promoter of t</li> </ul>	he issuer, if the iss	uer has be	en organized w	ithin t	he past five years;				
									s of equity securities of the issue
Each executive off	icer and director of	corporate	issuers and of	corpor	rate general and mar	aging	partners of	f partne	rship issuers; and
Each general and n	nanaging partner of	f partnersh	nip issuers.					•	
Check Box(es) that Apply:	<b>☑</b> Promoter	☐ Ben	neficial Owner	Z	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Compson REIT Manager		<u> </u>	<u>.</u>			•••	<u> </u>		
Business or Residence Addre Mizner Tower, 225 N.E. I					lorida 33432				
Check Box(es) that Apply:	✓ Promoter		neficial Owner	Z	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Comparato, Michael A.	f individual)		, <del>-</del> ;-						
Business or Residence Addre	ss (Number and	Street, Cit	ty, State, Zip C	ode)					
Mizner Tower, 225 N.E. M	fizner Boulevard	, Suite 7	30, Boca Rat	on, Fl	orida 33432				
Check Box(es) that Apply:	Promoter	Z Ber	neficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Moore, Ray	f individual)								
Business or Residence Addre	ss (Number and	Street, Cit	ty, State, Zip C	ode)					
771 N.E. 36th Street, Boo	a Raton, Florida	33431			<u> </u>			_	
Check Box(es) that Apply:	Promoter	☑ Ber	neficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	if individual)	•							
Weiss, Jeffrey									
Business or Residence Addre 21058 Rosedown Court,	· ·			ode)					
Check Box(es) that Apply:	Promoter	☐ Ber	neficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)	<u> </u>		-			-		
Business or Residence Addre	ess (Number and	Street, Ci	ty, State, Zip C	ode)					1, 12 1,,
Check Box(es) that Apply:	Promoter	☐ Ber	neficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)					_, .		-	
Business or Residence Address	ess (Number and	Street, Ci	ty, State, Zip C	ode)	<del></del>				
Check Box(cs) that Apply:	Promoter	□ Ве	neficial Owner	<u>.</u>	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)		-	_		_			
Business or Residence Addre	css (Number and	Street, Ci	ity, State, Zîp C	ode)					
	(Use bla	ink sheet,	or copy and use	e addit	ional copies of this	sheet,	as necessa	ry)	

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The state of the s							Yes	No 🐷					
1.	Answer also in Appendix, Column 2, if filing under ULOE.								<u></u>				
2.								s_1,06	00,000.00				
												Yes	No
3			oermit joint										
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.								<b>:</b>				
	•		first, if indi	vidual)			· · · · ·						
	t Applica		Address (N	umber and	Street, Ci	ty, State, Z	ip Code)	<del></del>	<del></del>				
			(			-,,, -				_			
Nan	ne of Ass	ociated Br	oker or Dea	iler									
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
	(Check	"All States	" or check	individual	States)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	****************	1+41+44+4+++++++	***************		☐ Al	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Ful	i Name (l	ast name	first, if indi	vidual)									
Bus	siness or	Residence	Address (1	Vumber an	d Street, C	ity, State, 2	Zip Code)						
Nar	me of Ass	ociated Br	oker or Dea	aler	·			•				· · · · · · · · · · · · · · · · · · ·	
Stat			Listed Has							-			-
	(Check	"All States	or check	individual	States)		*****	*************		•••••		. <u> </u>	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (	Last name	first, if indi	ividual)									
Bus	Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)								. 🗀 Al	States				
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR

## C OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	o Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	S	_ s
	Equity	S	_ \$
	Common Preferred		
	Convertible Securities (including warrants)	S	_ \$
	Partnership Interests	S	_ \$
	Other (Specify Limited Liability Company Interests	<u>*</u>	s 3,880,000.00
	Total	\$ <u></u> *	\$ 3,880,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases \$ 3,880,000.00
	Accredited Investors		
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		_ 3
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	•	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	<del></del>	_ \$
	Regulation A		s <u></u>
	Rule 504		_ \$
	Total	<u> </u>	<u>\$ 0.00</u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•	
	Transfer Agent's Fees		
	Printing and Engraving Costs		
	Legal Fees		□ <b>s</b>
	Accounting Fees		
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		_ s
	Other Expenses (identify)		_ s
	Total		\$ 0.00

<sup>\*</sup>Please note: The fund will continue to accept subscriptions without any maximum offering amount.

. ,	C. OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		<u>\$ 3,880,000</u> .00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	٠	·
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	<del></del>	-
	Purchase of real estate	] <b>\$</b> _	
	Purchase, rental or leasing and installation of machinery		m e
	and equipment		
	Construction or leasing of plant buildings and facilities		
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	¬s	. 🗆 \$
	Repayment of indebtedness		
	Working capital		
	Other (specify): Investments		
		<b></b> \$	. <b>\</b>
	Column Totals	\$ 0.00	<b>☑</b> \$ <u>3,880,000.0</u> 0
	Total Payments Listed (column totals added)	<b></b> ✓ \$ 3.	* * *
	DFEDERALSIGNATURE	一直就有生产	
sia	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (2)(2) of F	is filed under Rusion, upon writte	ile 505, the following
İss	uer (Print or Type)	Date / /	
	ompson REIT Fund, LLC	9/9/08	
	me of Signer (Print or Type) Title of Signer (Print or Type)	1/	· · · · · · · · · · · · · · · · · · ·
	thael A. Comparato Manager of Compan REIT Manager, LLC, th	e Managing Me	mber

\*Please note: The fund will continue to accept subscriptions without any maximum offering amount.

- ATTENTION -